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## BIB DATA SHEET

CONFIRMATION NO. 5963

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/618,994	07/14/2003 RULE	606	3734	2848

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/396,940 07/17/2002

D.Y.**\*\* FOREIGN APPLICATIONS \*\*\*\*\***D.Y.**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/10/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	CT	1 4	12 17	2

**ADDRESS**

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 UNITED STATES

**TITLE**

SURGICAL SUTURE NEEDLE

<b>FILING FEE RECEIVED</b> 1084	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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